Cosmetology Inspector:	Kentucky State Board of	KBHC USE License#	ONLY	
TERESA COX 502-229-0713	Hairdressers & Cosmetologists 111 St. James Court, Ste A Frankfort, KY 40601 (502) 564-4262			
		Date Issued/Processed:		
Kiosk\$25.00	WWW.KBHC.KY.GOV	Hours of Operati	- · · - · · - · · · · · · · · · · · · ·	
Business \$25.00	THREADING ESTABLISHMENT	nours of Operati	on.	
Residential \$25.00		AND		
Applications must be mailed in to money order. Establishin	WRITE DISTINCTLY IN ALL SPACES OR THE A the state board and accompanied with the correct frents can NOT open or offer services until the salon Salon name must be 30 or less Characters counting spaces	ee of \$25.00 in the form of license is processed throu	f a cashiers check o igh KBHC.	
		)		
1 nysicai Audress:	(City)	(State)	(Zip Code)	
Mailing address:				
	(City)	(State)	(Zip Code)	
Business Number: (	) Secondary Phon	e #: ()		
Owner(s) Name: (Legal Name	; NO Nick names)			
Social Security Number:				
Owners Home Address:				
Owners Home Address:(S	treet) (City)	(State)	(Zip Code)	
Salon Owner Signature:		Date:		
Manager(s) Name:	License Number:			
(Le	egal Name; NO Nick names)	Date:		
**Has Owner or Manager been c	onvicted of a felony? YES NO** I	f yes, you must submit	documentation.	
SIGNATURE OF ZONING COMMISS REQUIRED FOR KIOSK) THE ABOV	SIONER/BUILDING INSPECTOR OR ELECTED OFFICE SAID PROPERTY MEETS ALL REQUIREMENTS O	Date: CAL (MALL MANAGEMN F LOCAL ZONING REGU	IET SIGNATURE LATIONS.	
		Date:		
SIGNATURE OF STATE PLUMBING INSPECTED BY ME AND FOUND TO	INSPECTOR (NOT REQUIRED FOR KIOSK) THE AE MEET STATE PLUMBING REQUIREMENTS. (STAT	ROVE SAID PROPERTY H	AS BEEN (02-573-0397)	
	D. C.	Oate:		

\* SIGNATURE OF STATE SALON INSPECTOR I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.

SEE 201 KAR 12:100 FOR SANITATION STANDARDS